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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No. 5565x4
First Named Inventor Bendiner
Original Patent Number 5,840,249
Original Patent Issue Date (Month/Day/Year) 11/24/1998
Express Mail Label No.

APPLICATION FOR REISSUE OF:
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52) (unexecuted)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

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Signature	Lisa C Childs	Date	11/22/2000

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 5565x4		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 37	Total Claims (37 CFR 1.16(j))	(B) 59	22 =	x \$ 9 =	198	or	x \$ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 5	3 =	x \$ 40 =	120		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$355			
Total Filing Fee					\$673			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	---	MINUS	--	=	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	---	MINUS	-----	=	x \$ =		x \$ =	
Total Additional Fee					\$	OR		\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>12-0064</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>11/22/2000</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: right;"> <p><i>Lisa C Childs</i></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Lisa C Childs</u></p> <p>Typed or printed name</p> </div> </div>								

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OCT 11 2000 9 54 50

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IN THE
UNITED STATES PATENT & TRADEMARK OFFICE

IN RE REISSUE
APPLICATION OF:

Bendiner

CASE:

5565x4

PATENT NO.:

5,840,249

ISSUED ON:

November 24, 1998

FOR:

Preservative for
Original Materials

) EXPRESS MAIL CERTIFICATE OF
) MAILING FOR: REISSUE PATENT
) APPLICATION TRANSMITTAL
) AND APPLICATION, FEE
) TRANSMITTAL, WRITTEN
) CONSENT OF ASSIGNEE, 37 C.F.R.
) § 3.73 STATEMENT, STATEMENT
) OF STATUS/SUPPORT, IDS
) PRELIMINARY AMENDMENT,
) DECLARATION AND POWER OF
) ATTORNEY, and EXPRESS MAIL
) CERTIFICATE

JC806 U.S. PTO

09/12/1586



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WASHINGTON, DC 20231

Dear Sirs:

[X] AUTHORIZATION TO PAY AND PETITION FOR THE ACCEPTANCE OF ANY
NECESSARY FEES: If any charges or fees must be paid in connection with the following
Communication (including but not limited to the payment of issue fees), they may be paid out of
our deposit account No. 12-0064. If this payment also requires a Petition, please construe this
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[] Applicant herewith petitions the Commissioner of Patents and Trademarks to extend the time for
response to the Office Action dated _____ for _____ month(s) from _____ to
_____. Submitted herewith is check No. _____ for \$ _____ to cover the cost of the
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deposit account number 12-0064 in the appropriate amount to cover the cost of the extension.
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Date of Deposit 11/22/2000

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